

MULTIPLE DEMAND CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/527069

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		-					52						
3	/						53						
4	/						54						
5	/						55						
6	-						56						
7							57						
8	T						58						
9	/						59						
10	/	t					60						
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12	-						62						
13	/						63						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	/												
TOTAL DEP.	/												
TOTAL CLAIMS	12												